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CONFIRMATION NO. 8657

<b>SERIAL NUMBER</b> 10/690,495	<b>FILING OR 371(c) DATE</b> 10/21/2003 <b>RULE</b>	<b>CLASS</b> 536	<b>GROUP ART UNIT</b> 1645	<b>ATTORNEY DOCKET NO.</b> C1039.70083US00
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**\*\* CONTINUING DATA \*\*\*\*\***  
 This application is a CON of 09/415,142 10/09/1999 ABN which is a DIV of 08/386,063 02/07/1995 PAT 6,194,388 which is a CIP of 08/276,358 07/15/1994 ABN

**\*\* FOREIGN APPLICATIONS \*\*\*\*\***

**IF REQUIRED, FOREIGN FILING LICENSE GRANTED**  
**\*\* 02/02/2004**

Foreign Priority claimed <input type="checkbox"/> yes <input checked="" type="checkbox"/> no	<b>STATE OR COUNTRY</b> MA	<b>SHEETS DRAWING</b> 0	<b>TOTAL CLAIMS</b> 15	<b>INDEPENDENT CLAIMS</b> 4
35 USC 119 (a-d) conditions met <input type="checkbox"/> yes <input type="checkbox"/> no <input type="checkbox"/> Met after Allowance				
Verified and Acknowledged Examiner's Signature: <i>Mona C. Chen</i> Initials: <i>MC</i>				

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**TITLE**  
 Immunomodulatory oligonucleotides

<b>FILING FEE RECEIVED</b> 1960	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following:	<input type="checkbox"/> All Fees <input type="checkbox"/> 1.16 Fees ( Filing ) <input type="checkbox"/> 1.17 Fees ( Processing Ext. of time ) <input type="checkbox"/> 1.18 Fees ( Issue ) <input type="checkbox"/> Other _____ <input type="checkbox"/> Credit
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